FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

CE OF SALE OF SECURITIES . ... SUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION 23/33

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008

Estimated average burden hours per response.. 16.00

SEC USE ONLY Serial Prefix DATE RECEIVED

Filing Under (Check box(es) that apply):	[ ] <u>Rule 504</u> [	] <u>Rule 505</u>	[X] <u>Rule 506</u>	[ ] Section 4(6)	[ ] ULOE
Type of Filing: [X] New Filing [] Amend	ment		D	OCECC	YFD
A. BASIC IDENTIFICATION DATA			<u> </u>	-OCLOO	
1. Enter the information requested about the is	suer			MAR <b>0 6</b> 2007	7
Name of Issuer ([ ] check if this is an amendr	nent and name has changed, and indicate	e change.)			
Edgewater Foods International, Inc.				\THOMSON	
Edgewater Foods International, Inc.  Address of Executive Offices (1 5552 WEST ISLAND HWY QUALICUM E (250) 757-9811	Number and Street, City, State, Zip Cod EACH, BRITISH COLUMBIA, CA		phone Number (Inclu		
Address of Executive Offices (I 5552 WEST ISLAND HWY QUALICUM E	EACH, BRITISH COLUMBIA, CAI	NADA. V9K 2CI		ding ANANGHA	rom Executive Office
Address of Executive Offices (1 5552 WEST ISLAND HWY QUALICUM E (250) 757-9811	BEACH, BRITISH COLUMBIA, CAl	NADA. V9K 2Ci	nber (Including Area	ding ANANGHA	from Executive Office
Address of Executive Offices (15552 WEST ISLAND HWY QUALICUM E (250) 757-9811  Address of Principal Business Operations (N	BEACH, BRITISH COLUMBIA, CAl	NADA. V9K 2Ci	nber (Including Area	ding ANANGHA	from Executive Office
Address of Executive Offices (15552 WEST ISLAND HWY QUALICUM E (250) 757-9811  Address of Principal Business Operations (Notes that the Brief Description of Business: scallop farming the Brief Description of Business Operations (Notes the Brief Description of Business)	BEACH, BRITISH COLUMBIA, CAl	NADA. V9K 2Ci  Telephone Nur	nber (Including Area	ding FixANCAM	from Executive Office
Address of Executive Offices  5552 WEST ISLAND HWY QUALICUM E (250) 757-9811  Address of Principal Business Operations (Notes to be a second of the control of Business: scallop farmin  Type of Business Organization	BEACH, BRITISH COLUMBIA, CAlumber and Street, City, State, Zip Code	NADA. V9K 2Ci  Telephone Nur	nber (Including Area y)	ding FixANCAM	from Executive Office

## **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.



	_	A. BASIC I	DENTIFICATION D	ATA	
2. Enter the information requ	ested for the follow	ing:			
<ul> <li>Each beneficial ov</li> <li>Each executive of</li> </ul>	vner having the pov ficer and director o	_	•		class of equity securities of the issuer; rship issuers; and
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[ ] Director [ ]	General and/or Managing Partn <del>er</del>
Full Name (Last name first, it	(individual) SAUN	DERS, ROBERT			
Business or Residence Addre V9K 2C8	ss (Number and Str	rect, City, State, Zip Code)	) 5552 WEST ISLAND HW	Y QUALICUM BEAC	CH, BRITISH COLUMBIA, CANADA.
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[X] Director [ ]	General and/or Managing Partner
Full Name (Last name first, it	findividual) BOSV	VELL, MICHAEL			
Business or Residence Addre	ss (Number and St	eet, City, State, Zip Code)	400 PROFESSIONAL DR	IVE, SUITE 310, GAI	THERSBURG, MARYLAND 20878
Check Box(es) that Apply:	[] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director [ ]	General and/or Managing Partner
Full Name (Last name first, it	individual) MACI	ELLAN, DOUGLAS			
Business or Residence Addre	ss (Number and St	ect, City, State, Zip Code)	8324 DELGANY AVENU	E, PLAYA DEL REY	, CA 90293
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name first, it	individual) ELEN	OWITZ, MARK			
Business or Residence Addre	ss (Number and St	ect, City, State, Zip Code)	225 BROADWAY, SUITE	1200, NEW YORK,	NY 10007
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director [ ]	General and/or Managing Partner
Full Name (Last name first, it	findividual) FRAS	IER, IAN			
Business or Residence Addre Canada V6T 1E9	ss (Number and Str	reet, City, State, Zip Code)	3056 West 2 <sup>nd</sup> Avenue, Va	ncouver, British Colur	nbia
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Director [ ]	General and/or Managing Partner
Full Name (Last name first, it	individual) BOLT	ON, VICTOR			
Business or Residence	Address (Numb	er and Street, City, S	tate, Zip Code) 345-916	W. Broadway, Vanco	ouver, BRITISH COLUMBIA, V5Z 1K7

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[X] Director [] General and/or

Managing Partner

[ ] Promoter [ ] Beneficial Owner [ ] Executive Officer

Business or Residence Address (Number and Street, City, State, Zip Code) 35368 Eagle Mountain Drive, Abbotsford B.C. CANADA. V3G 2X7

Check Box(es) that Apply:

Full Name (Last name first, if individual) HORTON, DARRYL

Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ ] Executive Officer	[X] Direc	or []	General and/or Managing Partner
Full Name (Last name first, if	individual) Rooks,	, Robert L.				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)	912 Pine Avenue, Huntingt	ton Beach, CA	90293	
Business or Residence Addres  Check Box(es) that Apply:	s (Number and Str	eet, City, State, Zip Code)  [X] Beneficial Owner	912 Pine Avenue, Huntingt			General and/or

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					В. П	NFORMA	TION A	BOUT O	FFERIN	G			
. Has t	he issuer so	old, or does	the issuer	intend to	sell, to non-	accredited in	vestors in tl	his offering!	?			Yes	No [X]
Answer	also in Ap	pendix, Co	lumn 2, if	filing unde	T ULOE.								- <del>-</del>
	•	•		•		any individ	ual?					<b>\$</b> Q	
. Does	the offerin	g permit jo	int owners	ship of a si	ngle unit?							Yes [X]	No [ ]
emunei erson (	ration for so or agent of e (5) person	olicitation a broker or	of purchas dealer res	ers in conn gistered wit	ection with the SEC a	sales of secu and/or with a	urities in the state or sta	offering. If tes, list the r	f a person to name of the l	be listed is broker or d	mission or sing an associated lealer. If more that broker or	<b>!</b> ;	
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usines 7 MA	s or Reside	ence Addre	ss (Numbe SLYN HE:	er and Street	et, City, Sta 1Y 11577	te, Zip Code	)						
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Name o	f Associate	ed Broker (	or Dealer										
	n Which Po					icit Purchase	ers			[	] All States		
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States in Check	"All States		(AR) (KS) [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[ME]	[DE] [MD] [NC]	[DC] [MA] [ND]	(FL) (M1) (OH)	[GA] [MN] [OK]	[MS]	[MO] [PA]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for

exchange	bac	alread		hanned
CYCHAILE	anu	MII CAU	Y CXC	nankou.

Type of Security	Aggregate Offering Price	Amount Already Sold
	<u>\$0</u>	<u>\$0</u>
-1, ·	\$2,070,000	<u>\$2,070.000</u>
[ ] Common [ X ] Preferred	<b>¢</b> n	<b>¢</b> ∩
,	<u>\$0</u> <b>\$</b> 0	<u>\$0</u> \$0
•	\$Q	\$0
	\$2,070,000	\$2,07 <u>0,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.	<del></del>	<u> </u>
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	2	\$2,070,000
Non-accredited Investors	0	0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering N/A	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		<u>\$</u>
Rule 504	-	<u>\$</u>
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		[]\$0
Printing and Engraving Costs		[]\$0
Legal Fees		[ ]\$20,000
Accounting Fees		[]\$0
Engineering Fees		[]\$0
Sales Commissions (specify finders' fees separately)		[]\$0
Other Expenses (identify) Placement Consultant Fee		[ ]\$165,600
Due Diligence Fee		[] \$20,000
Total		[ ]\$205,600
b. Enter the difference between the aggregate offering price given in response to Part C		** ***
and total expenses furnished in response to Part C - Question 4.a. This difference is the "proceeds to the issuer."		\$1,864,400
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose		
to be used for each of the purposes shown. If the amount for any purpose is not known,		
furnish an estimate and check the box to the left of the estimate. The total of the paymen	ts	
listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.		
Question 4.0 above.	Payments to	
	Officers,	Others

		Directors, & Affiliates	
Salaries and fees		[] \$ 0	[]\$ 0
Purchase of real estate		[]\$0	[]\$0
Purchase, rental or leasing and installation of mach and equipment		[]\$0	[]\$0
Construction or leasing of plant buildings and facil Acquisition of other businesses (including the value	ities e of	[]\$0	[]\$0
securities involved in this offering that may be use exchange for the assets or securities of another issupursuant to a merger)	ıer	[]\$0	[]\$0
Repayment of indebtedness		[]\$0	[]\$0
Working capital		[X]\$ 864,40	
Other (specify): Potential Acquisition of majority i		[X]\$1,000,000	
		[]\$0	[]\$0
Column Totals	<u> </u>	[]\$	[]\$
Total Payments Listed (column totals added)		\$1,864,400	
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the written request of its staff, the information furnished by 502.  Issuer (Print or Type)  Edgewater Foods International, Inc.  Name of Signer (Print or Type)  Michael Boswell	e issuer to furnish to the U.S. Sec	Date	nge Commission, upon to paragraph (b)(2) of Rule
Michael Doswell		·	
	ATTENTION		
Intentional misstatements or omission	ons of fact constitute federa U.S.C. 1001.)	l criminal violat	ions. (See 18
E	. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 prese provisions of such rule?	ntly subject to any of the disqu	alification	Yes No
See Append	lix, Column 5, for state respon	se.	
			1. 1. 1. 10. 2

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Edgewater Foods International, Inc.	me	2/2/167
Name of Signer (Print or Type)	Title (Print or Type)	
Michael Boswell	Acting Chief Financial	Officer/Director

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
1	2 Type of security Intend to sell to non-accredited investors in State (Part B-Item 1)  3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and				Type of investor and amount purchased in State			5 Disqualif under ULC (if yes, explana waiver g (Part E-l	fication State DE attach Ition of ranted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
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AK		<u> </u>									
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